

DEPARTMENT OF PUBLIC SAFETY APPLICATIONS
FOR FIRE FIGHTER/FIRE INSPECTOR
Bensalem Township

STARTING SALARY: \$41,602.64 / 2016
FULL BENEFIT PACKAGE AVAILABLE UPON HIRE
MINIMUM REQUIREMENTS:

U.S. CITIZEN
21 YEARS OF AGE
HIGH SCHOOL DIPLOMA OR EQUIVALENCY
NATIONAL FIRE FIGHTER I CERTIFICATION
NATIONAL FIRE FIGHTER II CERTIFICATION
HAZARDOUS MATERIALS OPERATIONS LEVEL
MUST OBTAIN FIRE INSPECTOR I CERTIFICATION PRIOR TO COMPLETION
OF PROBATIONARY PERIOD
CURRENT VALID OPERATOR'S LICENSE
ABLE TO MEET PHYSICAL REQUIREMENTS
TWP. RESIDENCY REQUIRED UPON COMPLETION OF PROBATIONARY
PERIOD

A FULL JOB DESCRIPTION WILL BE SUPPLIED WITH APPLICATION
PACKAGE

EXAMINATION: Applicants will be notified by email as to time and location of
physical fitness testing upon receipt of completed application.

ADDITIONAL EXAMINATIONS:
From the eligibility list compiled from the physical fitness test and oral interviews, a
limited number of eligible candidates shall be offered the position contingent upon the
medical, psychological, physical, polygraph and background investigations.

THERE IS A TWENTY FIVE DOLLAR (\$25) APPLICATION FEE (CHECK OR
MONEY ORDER) DUE WITH YOUR SUBMITTED APPLICATION.

APPLICATIONS WILL BE AVAILABLE 8:00 AM – 4:30 PM, MONDAY – FRIDAY
AT BENSALEM TOWNSHIP POLICE DEPARTMENT
2400 BYBERRY ROAD, BENSALEM, PA 19020 OR at
www.bensalempa.gov
(215) 633-3700

DEADLINE TO FILE APPLICATION: October 14, 2016 at 4:00 pm

**PERSONAL INFORMATION STATEMENT
FIRE FIGHTER/FIRE INSPECTOR CANDIDATE**

Bensalem Township Department of Public Safety
2400 Byberry Road
Bensalem, PA 19020
(215) 633-3700
Candidate Recruiting Unit

INSTRUCTIONS

PRIOR TO BEGINNING YOUR PERSONAL INFORMATION STATEMENT, READ THE FOLLOWING INSTRUCTIONS.

1. You must print legibly using ink when completing your Personal Information Statement.
2. All questions must be answered. If a question does not apply to you, fill in the space provided as follows: **N/A**
3. Before you begin to write, make sure all the information you will be providing is correct and accurate.
4. You are responsible to obtain the correct spelling of all names and addresses.
5. If additional space is needed, attach additional pages to your Personal information Statement. Make sure that you reference these additions to the corresponding section and question number of your Personal Information Statement.
6. Any false information on the Personal Information Statement provided by the Fire Fighter/Fire Inspector Candidate **will** disqualify the Fire Fighter/Fire Inspector candidate from employment with the Bensalem Township Department of Public Safety.
7. Any information that is requested on this Personal Information Statement and intentionally omitted by the Fire Fighter/Fire Inspector Candidate **may** disqualify the Fire Fighter/Fire Inspector Candidate from employment with the Bensalem Township Department of Public Safety.
8. **DO NOT** provide any information regarding medical or physical disabilities on your Personal Information Statement.
9. **Applicant must bring a valid photo drivers license to each step of the selection process.**

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS

Signature of Applicant

FIRE FIGHTER/FIRE INSPECTOR CANDIDATE

PERSONAL INFORMATION STATEMENT

A. NAME _____
LAST FIRST MIDDLE

B. ADDRESS _____
STREET NUMBER STREET NAME
CITY/TOWN STATE ZIP CODE

C. PHONE _____
AREA CODE NUMBER

D. SOCIAL SECURITY NUMBER _____

E. PLACE OF BIRTH _____

F. U.S. CITIZEN YES _____ NO _____

G. PENNSYLVANIA DRIVERS LICENSE NUMBER _____

1. IF OTHER THAN A PENNSYLVANIA DRIVERS LICENSE, LIST THE
STATE AND LICENSE NUMBER _____

EMAIL ADDRESS: _____

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of fire fighter/fire inspector with the Bensalem Township Department of Public Safety.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Bensalem Township Department of Public Safety, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that they have read and understood the contents of this procedure.

Signature

Date

Excluding your current address, list all addresses where you have resided for the past 10 years. List the dates by month and year. DO NOT include the address you have provided in your Personal Information Statement. Work from your current address back to your first address.

BEGINNING	ENDING	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT – Beginning with your current employment, or your most recent employment, list all employment held by the fire fighter/fire inspector candidate including part-time, seasonal, temporary or volunteer (example: Volunteer fire fighter or emergency service) in the last 10 years.

1. Beginning _____ Ending _____

Name of employer _____

Name of Supervisor _____

Address _____

Phone number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

2. Beginning _____ Ending _____

Name of employer _____

Name of Supervisor _____

Address _____

Phone number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

3. Beginning _____ Ending _____

Name of employer _____

Name of Supervisor _____

Address _____

Phone number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

4. Beginning _____ Ending _____

Name of employer _____

Name of Supervisor _____

Address _____

Phone number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

5. Beginning _____ Ending _____

Name of employer _____

Name of Supervisor _____

Address _____

Phone number _____ Position(s) held _____

Job Responsibilities _____

Beginning Salary _____ Ending Salary _____

Reason for leaving this employment _____

Attach additional sheets to your Personal Information Statement if needed.

CRIMINAL CONVICTION(S)

1. Have you ever been convicted of a crime?

YES _____ NO _____

A. If yes, provide the following information:

1. The date of conviction _____

2. Type of crime(s) _____

3. Court of jurisdiction _____

4. Sentence _____

EDUCATION

GRADE SCHOOL(S)

Name _____

Address _____

Dates attended: From _____ to _____

JUNIOR HIGH SCHOOL/MIDDLE SCHOOL

Name _____

Address _____

Dates attended: From _____ to _____

Name _____

Address _____

Dates attended: From _____ to _____

HIGH SCHOOL

Name _____

Address _____

Dates attended: From _____ to _____

Name _____

Address _____

Dates attended: From _____ to _____

Graduated: Yes _____ No _____

If yes, give month and year _____

If you obtained a G.E.D., provide the following information: date you received the diploma,
the city, state and agency where you completed your classes:

HIGHER EDUCATION

List all colleges or universities attended:

1. College or university attended _____

Address _____

Dates attended: From _____ to _____

Major/Minor _____

Degree received Yes _____ No _____

Type of degree _____

Date received _____

Credits received _____

2. College or university attended _____

Address _____

Dates attended: From _____ to _____

Major/Minor _____

Degree received Yes _____ No _____

Type of degree _____

Date received _____

Credits received _____

SUPPLEMENTAL INFORMATION: Please indicate if you possess any of the following certifications, licenses, education, and experience.

	Yes	No
National Firefighter I certification	_____	_____
National Firefighter II certification	_____	_____
Hazardous Materials Operation certification	_____	_____

Please indicate which NIMS courses taken: _____

	Yes	No
Certification as Fire Inspector I	_____	_____
ICC Property Maintenance Inspector's certification	_____	_____

ADDITIONAL EDUCATION

List additional education (examples: trade school, business schools fire/emergency medical training, etc.)

1. Name of school or training _____

Address _____

Certification _____

Dates attended: From _____ to _____

2. Name of school or training _____

Address _____

Certification _____

Dates attended: From _____ to _____

3. Name of school or training _____

Address _____

Certification _____

Dates attended: From _____ to _____

AFFILIATION WITH OTHER FIRE DEPARTMENTS OR EMS SERVICES

1. Department Name _____

Address _____ Phone _____

Positions Held _____ Dates _____

2. Department Name _____

Address _____ Phone _____

Positions Held _____ Dates _____

3. Department Name _____

Address _____ Phone _____

Positions Held _____ Dates _____

ADDITIONAL CERTIFICATIONS OR SKILLS

List any special licenses or skills you currently hold (examples: pilots license, scuba, etc.)

FOREIGN LANGUAGES (EXCELLENT, GOOD, FAIR)

LANGUAGE READING SPEAKING UNDERSTANDING WRITING

DRIVERS LICENSE

Has your motor vehicle license ever been suspended or revoked?

YES _____ NO _____

If yes, give dates, location and reason for the suspension or revocation:

MOTOR VEHICLE VIOLATIONS

Month & Year	Charge	City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOTOR VEHICLE ACCIDENTS

Give details including time, date and location of the accident(s). Indicate if you were the operator of a vehicle or a passenger or pedestrian.

References

List five people that know you well enough to provide current information about you. Do not list relatives, current or former employers.

1. Name _____ Address _____

Home phone _____ Work phone _____

Number of years you have known this person _____

2. Name _____ Address _____

Home phone _____ Work phone _____

Number of years you have known this person _____

3. Name _____ Address _____

Home phone _____ Work phone _____

Number of years you have known this person _____

4. Name _____ Address _____

Home phone _____ Work phone _____

Number of years you have known this person _____

5. Name _____ Address _____

Home phone _____ Work phone _____

Number of years you have known this person _____

NARRATIVE INFORMATION

Provide a response to the following two (2) questions. Your response must consist of at least one (1) paragraph and not less than 50 words.

- Why does the field of emergency services interest you?
- Why have you chosen to apply with Bensalem Township Department of Public Safety as a Fire Fighter/Fire Inspector?

I hereby certify that all information I have provided in this personal information statement is accurate and truthful. I understand that any information that has been intentionally omitted, misrepresented or false will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date personal information statement completed

Voluntary Equal Employment Opportunity Survey

To comply with government regulations, Bensalem Township must maintain and report statistical analyses of applicants for employment. Your completion of this form gives us data to provide these statistical analyses.

Submission of this information is voluntary and confidential. Bensalem Township is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Bensalem Township invites applicants to voluntarily self-identify their gender and ethnicity status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable law, including those that required the information to be summarized and reported to the federal government for civil rights enforcement.

Last Name

First Name

Middle Initial

Position Applied For: _____

Application Date: _____

Gender: Male _____ Female _____

Racial/Ethnic Data, please identify yourself in terms of the racial/ethnic group below:

_____ Hispanic or Latino

_____ Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below).

Racial Groups:

_____ White

_____ American Indian or Alaskan Native

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ Two or More Races - all persons
who identify with more than one of race.

Decline Self Identification:

_____ I do not wish to self identify my gender, ethnicity or race.

This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance, and will not influence the application or hiring process.

